

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

*10/743333*

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>	<b>31</b>	
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	<b>31</b> minus 20 =	* <input type="checkbox"/>
<b>INDEPENDENT CLAIMS</b>	<b>7</b> minus 3 =	* <input type="checkbox"/>
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

<b>AMENDMENT A</b>		<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>(Column 1) (Column 2) (Column 3)</b>	
						RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	<input type="checkbox"/>
	Independent	*	Minus	***	=	X43=	<input type="checkbox"/>
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>							

<b>SMALL ENTITY TYPE</b>	<b>OTHER THAN OR SMALL ENTITY</b>
RATE	FEE
BASIC FEE	385.00
OR	BASIC FEE
X\$ 9=	770.00
OR	X\$18=
X43=	X86=
OR	+290=
+145=	TOTAL
TOTAL	OR TOTAL

<b>SMALL ENTITY TYPE</b>	<b>OTHER THAN OR SMALL ENTITY</b>
RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
OR	X\$18=
X43=	<input type="checkbox"/>
OR	X86=
+145=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
ADDITIONAL FEE	TOTAL ADDIT. FEE

<b>AMENDMENT B</b>		<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>(Column 1) (Column 2) (Column 3)</b>	
						RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	<input type="checkbox"/>
	Independent	*	Minus	***	=	X43=	<input type="checkbox"/>
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>							

<b>AMENDMENT C</b>		<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>(Column 1) (Column 2) (Column 3)</b>	
						RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=	<input type="checkbox"/>
	Independent	*	Minus	***	=	X43=	<input type="checkbox"/>
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.